Attachment P: Domestic Sewage Treatment Facilities (excluding subsurface systems)

Applicant Name: (as indicated on the <i>Permit Application Transmittal Form</i>)					
Treatment Facility Information					
Facility Name (if different than applicant):					
Provide a brief description of the treatment and collection systems:					
Sewage Sludge Information					
For discharges previously authorized by DEP, provide the average mass (dry tons) of sludge generated by the facility annually:					
For all applications, estimate the mass (dry tons) of sludge expected to be generated by the facility during the next five years:					
Provide a brief description of existing sludge disposal/utilization practices at the facility (including ash disposal if appropriate):					
Provide a brief description of the proposed measures to be taken to dispose of sludge in the event the existing sludge disposal/utilization practice becomes unavailable due to unforeseen circumstances:					

1 of 3

	Septage									
1.	1. Does the facility accept septage? A lf yes, does the facility have a septage receiving facility? A lf yes, is the septage receiving facility located within the wastewater treatment plant site? A lf yes, is the septage receiving facility located within the wastewater treatment plant site? A lf yes, is the septage receiving facility located within the wastewater treatment plant site? A lf yes, is the septage receiving facility located within the wastewater treatment plant site? A lf yes, is the septage receiving facility located within the wastewater treatment plant site? A lf yes, is the septage receiving facility? A lf yes, is the septage receiving facility? A lf yes, is the septage receiving facility? A lf yes, is the septage receiving facility located within the wastewater treatment plant site?									
2.	Is access to the septage discharge pol	int restricted or oth	erwise monitored?							
The following analyses must have been performed on a grab sample of sludge within one year preceding the date this application is submitted and the results of such analyses must be submitted with this application as part of Attachment P.										
		Sludge Anal	ysis							
1.	For POTWs with a design flow of equa Scan. The Priority Pollutant Scan shall	ll to or greater than	1 MGD, attach the results of a Priority Pollutants							
1.	•	ll to or greater than	n 1 MGD, attach the results of a Priority Pollutants ving:							
1.	Scan. The Priority Pollutant Scan shall	ll to or greater than	n 1 MGD, attach the results of a Priority Pollutants ving: wing Heavy Metals: (Hg)							
1.	Scan. The Priority Pollutant Scan shall Volatiles, Semi-Volatiles, Pesticides,	Il to or greater than Il include the follow PCBs and the follow Mercury Molybdenu Nickel Selenium Zinc than 1 MGD, attac	n 1 MGD, attach the results of a Priority Pollutants ving: wing Heavy Metals: (Hg) m (Mo) (Ni) (Se) (Zn) h the results of a heavy metals analysis on a dry							
	Scan. The Priority Pollutant Scan shall Volatiles, Semi-Volatiles, Pesticides,	Il to or greater than Il include the follow PCBs and the follow Mercury Molybdenu Nickel Selenium Zinc than 1 MGD, attac	n 1 MGD, attach the results of a Priority Pollutants ving: wing Heavy Metals: (Hg) m (Mo) (Ni) (Se) (Zn) h the results of a heavy metals analysis on a dry							
	Scan. The Priority Pollutant Scan shall Volatiles, Semi-Volatiles, Pesticides,	Il to or greater than Il include the follow PCBs and the follow Mercury Molybdenu Nickel Selenium Zinc than 1 MGD, attacde the following he	n 1 MGD, attach the results of a Priority Pollutants ving: wing Heavy Metals: (Hg) m (Mo) (Ni) (Se) (Zn) th the results of a heavy metals analysis on a dry eavy metals:							

The percent (%) solids of the sample should also be submitted.

Attachment P (continued): Domestic Sewage Treatment Facilities (excluding subsurface systems)

Summary Sheet of Industrial and Commercial Non-Hazardous Waste Hauled to Water Pollution Control Facilities

Please complete this form by providing the information requested for the previous five years.

NTO9	Nam	e:	
Name o	f Pe	rsor	n Completing Form
Date:	/	/	

Name of Facility Generating Waste	Location Address of Generating Facility	Nature of Waste	Volume and Frequency of Waste Received